

FORM B

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

CASE MANAGEMENT/ELECTRONIC CASE FILES SYSTEM (CM/ECF)
PRO HAC VICE ATTORNEY REGISTRATION FORM

LIVE SYSTEM

This form will be used to register an out of district attorney on the ~~U.S. Bankruptcy Court for the Western~~ District of New York Electronic Case Files (CM/ECF) System (hereinafter *System*) by attorneys who (1) reside and **practice outside of this district** and/or (2) represent parties in New York State on a **pro hac vice basis**. A registered participant will have privileges to submit documents electronically, and to view and retrieve docket sheets and documents for all cases assigned to the Western District ECF *System*. **(NOTE: A PACER account is necessary for access to files and documents.** You may register for a PACER account either online at <http://pacer.psc.uscourts.gov> or by calling 1-800-676-6856).

First/Middle/Last Name: _____

NY State Bar ID #: _____

State of Admission: _____

Admitted to Practice in the U.S. District Court for _____

Firm Name, if applicable: _____

Mailing Address: _____

Voice Phone Number: _____

Fax Phone Number: _____

Internet E-MAIL Address: _____

Send Notices to these additional E-MAIL Addresses: _____

Send Electronic Notice (check one) ☐ Each Filing ☐ End of Day Summary

Send Electronic Notice in the following format (check one):

_____ ☐ HTML for *Netscape*, ISP mail service, i.e., *AOL*, *Hotmail*, *Yahoo*, etc.

☐ Text for cc:Mail, GroupWise, Outlook, Outlook Express, other (please list)

In order to schedule you for the appropriate training class, please indicate your type of legal practice.

☐ Debtor__ ☐ Creditor__ ☐ Trustee__ ☐ Other (please specify)_____.

In order to qualify for an account on the *system*, the out-of-district attorney/participant must certify that he or she meets one of the following conditions. **Please check the applicable box(es):**

☐ I am registered as an ECF participant in the United States Bankruptcy Court in another state or district. Please indicate court or district(s):

☐ I have read the WDNY Administrative Orders and Procedures regarding ECF and have completed training as required by the WDNY Administrative Procedures.

By submitting this registration form the applicant agrees to adhere to the following:

1. This access is for use only in ECF cases filed in the U.S. Bankruptcy Court for the Western District of New York. It may be used to file and view electronic documents, docket sheets, and reports. **NOTE: A PACER account is necessary for this access and the registration information is referenced above.**
2. The FRBP 9011 requires that every pleading, motion, and other paper (except lists, schedules, statements, or amendments thereto) filed with Court be signed by at least one attorney of record or, if the party is not represented by an attorney, by the party. The unique password issued to a participant identifies that participant to the Court each time he or she logs onto the *System*. The use of a participant's password constitutes the signature of the purposes of FRBP 9011 on any document or pleading filed electronically using that participant's password. Therefore, a participant must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised, it is the duty of the participant to immediately change his or her password through the "Utilities" menu in the *system*. After doing so, the participant should contact the ECF Help Desk to report the suspected password compromise.
3. Registration will constitute a request and an agreement to receive service of pleadings and other papers electronically pursuant to FRBP 9036, where service of pleadings and other papers is otherwise permitted by first class mail, postage prepaid.
4. I understand that by submitting an application for a password I agree to adhere to all of the rules and regulations in the WDNY Administrative Procedures for Filing, Signing and Verifying Pleadings and Papers by Electronic Means currently in effect, and any changes or additions that may be made to such Administrative Orders. The Court may periodically post announcements and updates on the Court's website that are pertinent to ECF practice.
5. I assume all responsibility and liability for the payment of all applicable filing fees due at the time the document is electronically filed.
6. I understand that prior to electronically filing any document with the Court, I must obtain the original signature of the party or parties I represent on a paper copy of the document and that I must retain the original of that signed document for the length of time set forth in the "Administrative Procedures."
7. For individual debtor cases filed electronically on or after December 1, 2003, I understand that prior to the electronic filing of a petition, I must obtain the original signature(s) of the debtor(s) I represent on a paper copy of the Statement of Social Security Number(s), (Official Form B21), and that I must retain the original of that signed document for the length of time set forth in the "Administrative Procedures." I also understand I must compare the social security number(s) provided by the debtor(s) on Official Form B21 to the numbers entered into the Court's CM/ECF System to ensure they are the same.

Applicant's Signature

Date

Last four Digits of Social Security Number (for security purposes)

Privacy Disclaimer: The information contained within this application will not be sold or otherwise distributed by this office to outside sources.

Please return this form to the New York Western Office at: U.S. Bankruptcy Court, Attn: Clerk of Court, 300 Pearl Street, Suite 250, Buffalo, New York 14202.